

<b>ORDER FOR SUPPLIES OR SERVICES</b>										PAGE 1 OF 4																																															
<b>1. CONTRACT PURCH ORDER/AGREEMENT NO.</b> W56HZV-06-D-0055			<b>2. DELIVERY ORDER/CALL NO.</b> 0004		<b>3. DATE OF ORDER/CALL (YYYYMMDD)</b> 2007MAY16		<b>4. REQUISITION/PURCH REQUEST NO.</b> SEE SCHEDULE		<b>5. PRIORITY</b> DOA4																																																
<b>6. ISSUED BY</b> U.S. ARMY TACOM LCMC AMSTA-AQ-ATAF KAREN FORSGREN (586)574-8627 WARREN, MICHIGAN 48397-5000 HTTP://CONTRACTING.TACOM.ARMY.MIL WEAPON SYSTEM: WPN SYS: N3 EMAIL: KAREN.L.FORSGREN@US.ARMY.MIL			<b>CODE</b> W56HZV		<b>7. ADMINISTERED BY (If other than 6)</b> DCMA TEXAS 600 N PEARL STREET SUITE 1630 DALLAS, TX 75201-2843			<b>CODE</b> S4402A		<b>8. DELIVERY FOB</b>  <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)																																															
<b>9. CONTRACTOR</b>  EASLEY COOLEY ENTERPRISES, LLC COOLEY SPECIAL TIES 1919 N. GARNETT ROAD TULSA, OK 74116-1606  NAME AND ADDRESS  TYPE BUSINESS: Other Small Business Performing in U.S.			<b>CODE</b> 30JX7		<b>FACILITY</b>		<b>10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)</b> SEE SCHEDULE			<b>11. X IF BUSINESS IS</b> <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input checked="" type="checkbox"/> WOMAN-OWNED																																															
<b>12. DISCOUNT TERMS</b>			<b>13. MAIL INVOICES TO THE ADDRESS IN BLOCK</b> See Block 15																																																						
<b>14. SHIP TO</b> SEE SCHEDULE			<b>CODE</b>		<b>15. PAYMENT WILL BE MADE BY</b> DFAS - COLUMBUS CENTER DFAS-CO/WEST ENTITLEMENT OPERATIONS P.O. BOX 182381 COLUMBUS, OH 43218-2381				<b>CODE</b> HQ0339		<b>MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2</b>																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 10%; text-align: center; vertical-align: middle;"><b>16. TYPE OF ORDER</b></td> <td style="width: 10%; text-align: center;"><b>DELIVERY/ CALL</b></td> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td colspan="9" style="padding: 5px;">THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.</td> </tr> <tr> <td style="text-align: center;"><b>PURCHASE</b></td> <td></td> <td colspan="9" style="padding: 5px;">Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.</td> </tr> <tr> <td colspan="11" style="padding: 5px;">furnish the following on terms specified herein.</td> </tr> <tr> <td colspan="12" style="padding: 5px;">ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.</td> </tr> </table>												<b>16. TYPE OF ORDER</b>	<b>DELIVERY/ CALL</b>	<input checked="" type="checkbox"/>	THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.									<b>PURCHASE</b>		Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.									furnish the following on terms specified herein.											ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.											
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<b>17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE</b> SEE SCHEDULE																																																									
<b>18. ITEM NO.</b>		<b>19. SCHEDULE OF SUPPLIES/SERVICE</b>			<b>20. QUANTITY ORDERED/ ACCEPTED*</b>		<b>21. UNIT</b>	<b>22. UNIT PRICE</b>		<b>23. AMOUNT</b>																																															
		SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price  KIND OF CONTRACT: Supply Contracts and Priced Orders																																																							
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					<b>24. UNITED STATES OF AMERICA</b> RENEE COLLICA /SIGNED/ RENEE.COLLICA@US.ARMY.MIL (586)574-5268 BY: _____ CONTRACTING/ORDERING OFFICER					<b>25. TOTAL</b> \$2,255,280.00																																															
<b>27a. QUANTITY IN COLUMN 20 HAS BEEN</b> <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED _____																																																									
<b>b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>					<b>c. DATE (YYYYMMDD)</b>		<b>d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>																																																		
<b>e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>					<b>28. SHIP. NO.</b>		<b>29. D.O. VOUCHER NO.</b>		<b>30. INITIALS</b>																																																
<b>f. TELEPHONE NUMBER</b>					<b>g. E-MAIL ADDRESS</b>					<b>31. PAYMENT</b>																																															
<b>36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.</b>					<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		<b>32. PAID BY</b>		<b>33. AMOUNT VERIFIED CORRECT FOR</b>																																																
<b>a. DATE (YYYYMMDD)</b>					<b>b. SIGNATURE AND TITLE OF CERTIFYING OFFICER</b>					<b>34. CHECK NUMBER</b>																																															
<b>37. RECEIVED AT</b>					<b>38. RECEIVED BY (Print)</b>		<b>39. DATE RECEIVED (YYYYMMDD)</b>		<b>40. TOTAL CONTAINERS</b>		<b>41. S/R ACCOUNT NUMBER</b>																																														
									<b>42. S/R VOUCHER NO.</b>																																																

**Name of Offeror or Contractor:** EASLEY COOLEY ENTERPRISES, LLC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0012	NSN: 2540-01-539-3626 FSCM: 19207 PART NR: 57K4846 SECURITY CLASS: Unclassified				
0012AA	SECOND ORDERING YEAR  NOUN: FMTV TARP & BOW, CAMO PRON: J075P528J0    PRON AMD: 01    ACRN: AA AMS CD: 51106866005  <u>Description/Specs./Work Statement</u> TOP DRAWING NR: TDP 57K4846 DATE: 17-AUG-2006  <u>Packaging and Marking</u> PACKAGING/PACKING/SPECIFICATIONS: SEE BASIC CONTRACT, MODIFICATION P00001 LEVEL PRESERVATION: Military LEVEL PACKING: A  <u>Inspection and Acceptance</u> INSPECTION: Origin    ACCEPTANCE: Origin  <u>Deliveries or Performance</u> DOC                          SUPPL <u>REL CD</u> <u>MILSTRIP</u> <u>ADDR</u> <u>SIG CD</u> <u>MARK FOR</u> <u>TP_CD</u> 001   W80SBG7123M001   SW3227   M                          2 <u>PROJ_CD</u> <u>BRK BLK PT</u> IIL <u>DEL REL CD</u> <u>QUANTITY</u> <u>DAYS AFTER AWARD</u> 001                      400                      0120  002                      400                      0150  003                      400                      0180  004                      400                      0210  005                      400                      0240  006                      400                      0270  FOB POINT: Origin  SHIP TO: (SW3227)   DEF DIST DEPOT RED RIVER RECEIVING BLDG 499 10TH STREET AND K AVENUE TEXARKANA                      TX 75507-5000	2400	KT	\$_____939.70000	\$_____2,255,280.00



Name of Offeror or Contractor: EASLEY COOLEY ENTERPRISES, LLC

CONTRACT ADMINISTRATION DATA

LINE	PRON/ AMS CD/	OBLG	JOB	ACCOUNTING	OBLIGATED
ITEM	MIPR	ACRN STAT	ORDER NUMBER	STATION	AMOUNT
0012AA	J075P528J0 51106866005	AA 2	21 72035000071C1C02P51106831E1 S20113	7SMTSU W56HZV \$	2,255,280.00
TOTAL					\$ 2,255,280.00

SERVICE	ACCOUNTING	OBLIGATED
NAME	STATION	AMOUNT
Army	W56HZV \$	2,255,280.00
TOTAL		\$ 2,255,280.00

ACRN	EDI ACCOUNTING CLASSIFICATION
AA	21 070920350000 S20113 71C1C025110686600531E1 7SMTSUS20113 W56HZV